

- 1 Financial Statements
- 2 Compliance Audit
- 3 Completeness Checklist
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- 5 Submit

## FSA Annual Submission CHECKLIST

» Academy of Hair Design  
• OPEID: 03277300

All fields are required.

### 1. Are the following items included in the attachment of your Compliance Audit?

	YES	NO	N/A	If N/A, please provide reason
Servicer Information Sheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Auditor Information Sheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Summary Schedule A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Summary Schedule B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Summary Schedule C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Corrective Action Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Schedule of Findings & Questioned Costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Schedule addressing prior year findings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Independent Auditors Report (This report must contain the Auditor's signature)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Explanation of All Current Year Audit Findings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Does the Independent Auditor's Report make reference to the examination of required management assertions?:

Institutional Eligibility & Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Student Eligibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Disbursements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Refunds/Return of Title IV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
GAPS & Cash Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Perkins Loan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Administrative Capability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

### 3. Contact Information/Additional Notes

Enter any additional notes or explanation and name, phone number, and email address for who should be contacted regarding this submission

[CANCEL](#)
[SAVE](#)
[SAVE AND PROCEED](#)